

Form CAFC402 – Petition for Change of Name (For Minor Child)

The minor child is a resident of the following county in the State of Missouri:

In the Circuit Court of	MISSOURI
-------------------------	----------

If this is an amended petition, what is the case number of the pending case?

Case Number	Division Number
-------------	-----------------

Answer all questions on this form completely.

Your Information

1. My full legal name is: *(You are the "Next Friend" in this case.)*

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. ☐ I am the mother of the child.

☐ I am the father of the child.

☐ Other: _____

3. My mailing address is:

(Street)

(City) (State) (Zip)

(Telephone Number) (E-Mail Address)

4. ☐ The other parent of the child has signed CAFC411 "Petition, Consent and Order for Parent's Appointment as Next Friend," which is attached hereto.

☐ The other parent of the child has NOT signed CAFC411 "Petition, Consent and Order for Parent's Appointment as Next Friend" and therefore notice of hearing must be sent to him or her by the clerk of court.

5. The other parent's full legal name is:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

6. The other parent's mailing address is:

(Street)

(City) (State) (Zip)

(Telephone Number) (E-Mail Address)

Information about the Child

7. The child's full legal name is: *(The child is the "Petitioner" in this case.)*

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

8. The child wants to change his or her name to:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

9. ☐ This is the first petition that has filed in this case. (Original Petition)

☐ This is the second petition that has filed in this case.

10. The child's mailing address is:

(Street)

(City) (State) (Zip)

(Telephone Number) (E-Mail Address)

11. The child's mother's full maiden name is:

(First Name) (Middle Name) (Last Name)

12. The child's father's full name is:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

13. The child's birth date is: *(mm/dd/yyyy)* _____

14. The child's place of birth is: *(City)* _____ *(State)* _____

15. The change of the child's name would not be detrimental to any other person.

Residence Information

16. The child resides in the Country of _____.

17. The child resides in the State of _____.

18. The child resides in the County of _____.

Information
about
Previous
Names

19. Check one of the two boxes.

- ☐ The child's name has never been changed.
- ☐ The child's name has previously been changed as follows: *(State when and where and by what court)*

Additional
Information

20. Check all boxes that apply.

- ☐ The child is the victim of a crime based upon domestic violence as defined in §455.200, RSMo.
- ☐ The child is the victim of a child abuse as defined in §210.110, RSMo.
- ☐ The child is the victim of abuse by a family or household member as defined in §455.010, RSMo.

21. The minor child wants to change his or her name because:

Information
about
Judgments
and Cases
against Me

22. Check one of the two boxes.

- ☐ There are no unsatisfied money judgments against the child.
- ☐ There are unsatisfied money judgments against the child in the following cases:
(State the style of the case in which the judgment was entered and the court in which the judgment was entered.)

23. Check one of the two boxes.

- ☐ There are no cases pending against the child requesting money.
- ☐ The following cases are pending against the child in which money is requested:
(State the style of the case and the court in which it is pending)

Request for
Relief

THEREFORE, I want the court to change the child's name from the name stated in Paragraph 7 above to the name stated in Paragraph 8 above.

SIGN HERE _____ PRINT YOUR NAME HERE _____
 Subscribed and sworn to this _____ day of _____, 20____.

 Notary Public
 My Commission Expires: _____

Sign this in front of a Notary Public

This should only be completed if a lawyer helped you with this form

ATTORNEY INFORMATION <i>(To be completed by your attorney)</i>			<p><i>Do not enter any information here if you are filing this case without the assistance of a lawyer.</i></p> <p><i>This information should be completed by your attorney.</i></p> <p><input type="checkbox"/> <i>I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.</i></p>
<hr/>			
<i>Attorney – SIGN HERE</i>	<i>Missouri Bar Number</i>		
<hr/>			
<i>Attorney for Movant – PRINT YOUR NAME HERE</i>			
<hr/>			
<i>(Street)</i>			
<hr/>			
<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	
<hr/>	<hr/>	<hr/>	
<i>(Telephone Number)</i>	<i>(Fax Number)</i>	<i>(Email Address)</i>	